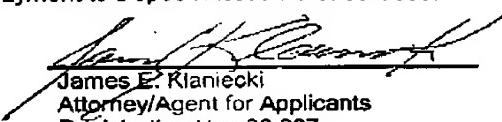
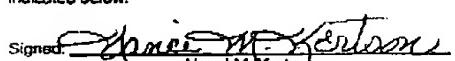


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PATENT APPLICATION

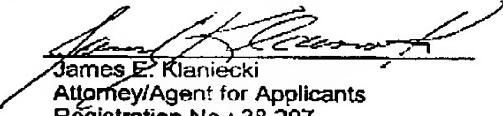
FEE AUTHORIZATION / AMENDMENT TRANSMITTAL				Attorney's Docket No: 2519		
Serial No.	Filing Date	Examiner	Group Art Unit			
09/302,863	April 30, 1999	D. Romeo	1647			
In Re Application of Raymond G. Goodwin and Wanwan S. Din						
For METHODS OF USE OF THE TACI/TACI-L INTERACTION						
TO THE COMMISSIONER FOR PATENTS:						
<input checked="" type="checkbox"/> Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a):						
<input type="checkbox"/> One month of original due date (\$110.00) <input type="checkbox"/> Two months of original due date (\$430.00) <input checked="" type="checkbox"/> Three months of original due date (\$980.00) <input type="checkbox"/> Four months of original due date (\$1,530.00) <input type="checkbox"/> Five months of original due date (\$2,080.00)						
<input checked="" type="checkbox"/> A response in connection with the matter for which this extension is requested: <input checked="" type="checkbox"/> Is filed herewith. <input type="checkbox"/> has been filed. <input type="checkbox"/> The response is the filing of a continuing prosecution application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application.						
<input type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required. <input checked="" type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows:						
<b>CLAIMS AS AMENDED</b>						
(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6) Rate	(7) Additional Fee
Total Claims	22	Minus	25 =	0	x \$18	= \$ 0.00
Indep. Claims	5	Minus	4 =	1	x \$88	= 88.00
<input type="checkbox"/> First Appearance of a multiple dependent claim					+ \$300	= 0.00
Total Additional Fee for this Amendment					\$88.00	
* If the entry in column 2 is less than the entry in column 4, write "0" in column 5. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.						
<input type="checkbox"/> The following other fees are incurred by the accompanying papers. <input type="checkbox"/> Other: _____						
<input checked="" type="checkbox"/> Please charge Deposit Account No. 09-0089 in the name of Immunex Corporation in the amount of <u>\$1068.00</u> . A duplicate copy of this petition is attached. <input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a request therefore. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 09-0089.						
<u>Please Send Future Correspondence To:</u>				 James E. Kłaniecki Attorney/Agent for Applicants Registration No.: 38,207 Phone: (206) 265-7145 Date: November 2, 2004		
CERTIFICATE OF FACSIMILE TRANSMISSION						
I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on the date indicated below.						
Signed:  Nand M. Kertson	Date: <u>November 2, 2004</u>					

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PATENT APPLICATION

FEE AUTHORIZATION / AMENDMENT TRANSMITTAL				Attorney's Docket No: 2519		
Serial No. 09/302,863	Filing Date April 30, 1999	Examiner D. Romeo	Group Art Unit 1647			
In Re Application of Raymond G. Goodwin and Wanwan S. Din						
For METHODS OF USE OF THE TACI/TACI-L INTERACTION						
TO THE COMMISSIONER FOR PATENTS:						
<input checked="" type="checkbox"/> Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a):						
<input type="checkbox"/> One month of original due date (\$110.00) <input type="checkbox"/> Two months of original due date (\$430.00) <input checked="" type="checkbox"/> Three months of original due date (\$980.00) <input type="checkbox"/> Four months of original due date (\$1,530.00) <input type="checkbox"/> Five months of original due date (\$2,080.00)						
<input checked="" type="checkbox"/> A response in connection with the matter for which this extension is requested: <input checked="" type="checkbox"/> is filed herewith. <input type="checkbox"/> has been filed. <input type="checkbox"/> The response is the filing of a continuing prosecution application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application.						
<input type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required. <input checked="" type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows:						
<b>CLAIMS AS AMENDED</b>						
(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6) Rate	(7) Additional Fee
Total Claims	22	Minus	25 =	0	x \$18	= \$ 0.00
Indep. Claims	5	Minus	4 =	1	x \$88	= 88.00
<input type="checkbox"/> First Appearance of a multiple dependent claim						+ \$300 = 0.00
Total Additional Fee for this Amendment						\$88.00
<small>* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.            ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.            *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.            The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.</small>						
<input type="checkbox"/> The following other fees are incurred by the accompanying papers. <input type="checkbox"/> Other: _____						
<input checked="" type="checkbox"/> Please charge Deposit Account No. 09-0089 in the name of Immunex Corporation in the amount of <b>\$1068.00</b> . A duplicate copy of this petition is attached. <input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a request therefore. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 09-0089.						
Please Send Future Correspondence To:						
Immunex Corporation Law Department 1201 Amgen Court West Seattle, Washington 98119-3105 (206) 265-7000				 James E. Kłaniecki Attorney/Agent for Applicants Registration No.: 38,207 Phone: (206) 265-7145 Date: November 2, 2004		

## CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on the date indicated below.

Signed:   
Nanci M. Kertson

Date: November 2, 2004

Appl. No. 09/302,863  
Amend. & Reply dated Nov. 2, 2004  
Resp. to OA dated May 3, 2004

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In the Application of:  
Raymond G. Goodwin and Wanwan S. Din  
Serial No: 09/302,863  
Filed: April 30, 1999  
CPA Filed: September 25, 2002  
For: METHODS OF USE OF THE TACI/TACI-L INTERACTION

Docket No.: 2519  
Group Art Unit: 1647  
Examiner: D. Romeo

**AMENDMENT AND REPLY**

Mail Stop Amendments  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**1. Introductory Comments**

In response to the Office Action mailed May 3, 2004, Applicants submit the following amendment and reply. A petition extending the due date to November 3, 2004 is concurrently filed along with the requisite fees.

Applicants respectfully request reconsideration and allowance of the claims.

The listing of the Claims begins on page 2 of this paper.

Remarks begin on page 7 of this paper.